

## CONNECTICUT VACCINE PROGRAM Patient Eligibility Screening Record

## Effective March 1, 2013

Date S	Screened:	
Child's	s Name:	
Date o	of Birth:	
Paren	t/Guardian:	
Provider:		
	hild qualifies for immunization through the Connecticut Vaccine Program since e (check only one box):	
VFC e (A)	eligible: Is enrolled in Medicaid (HUSKY A)	
(B)	Has no health insurance/self pay	
(C)	Is American Indian or Alaskan Native	
(D)	Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at their FQHC.	
State (E)	eligible: Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider's office.	
(F)	Is enrolled in S-CHIP (HUSKY B)	
(G)	*Is Privately Insured	

\*Note private insurance patients can receive all vaccines from the Connecticut Vaccine Program except for Rotavirus, Human Papillomavirus Vaccine (HPV), Influenza for 5-18 year olds, and Hepatitis A for 2-18 year olds which are only available for patients in categories A, B, C, D, E & F.

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age and younger who receive vaccine from the Connecticut Vaccine Program. The record may be completed by the parent, guardian, or individual of record, or by the healthcare provider. The record does not have to be updated unless the status of the child has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.